MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

06337

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Wicomico Co
County of
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 412½ Dock
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 412½ Dock
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gordon H. Airey

3. (b) Social Security Number

4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith M. Airey

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug. 25-1881

8. AGE: Years 57 | Months 10 | Days 1 | If less than one day ____hrs. ____min.

9. Birthplace R.F.D. Parsonsburg Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George Airey
13. Birthplace R.F.D. Parsonsburg Md

MOTHER 14. Maiden name Martha Jane Jones
15. Birthplace R.F.D. Parsonsburg Md

16. Informant Mrs. Edith M. Airey
Address 412½ Dock St. Salisbury

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28-39 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salisbury Md.

18. Funeral director Holloway & Co.
Address Walter R. Holloway, Salisbury Md

19. 6/28/ 1939 Harriet E. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__; and that I last saw him alive on ____ 19__.

Immediate cause of death Chronic Myocarditis — DURATION 3 yrs.

Due to Diabetes mellitus — 6 yrs.

Due to

Other conditions Sudden death due to Cardiac failure.
(Include pregnancy within 3 months of death)

Major findings:

Operations

Autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

SIGNATURE J. A. Rademacher, M.D. Deputy Medical Examiner State of Maryland, Co. Wicomico
M. D. or other

Address Salisbury Md. — Date signed 6-28-39

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JUL 5 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06338

210-f

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 15 minutes

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Girdletree Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Oscar J. Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Ruth Barnes

6(c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) June 2, 1916

8. AGE: Years	Months	Days	If less than one day
23	0	20	hrs. min.

9. Birthplace Girdletree Md
(Town, county, and state)

10. Usual occupation Working on ice Truck

11. Industry or business

FATHER 12. Name Wheatley Barnes

13. Birthplace Maryland

MOTHER 14. Maiden name Lula Riley

15. Birthplace Maryland

16. Informant Wheatley Barnes

Address Girdletree Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24-39 (month) (day) (year)

Cemetery or crematory Remson Cemetery

Location Near Pocomoke City, Md.

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 6/22/39 (Date rec'd by registrar) Harriet E. Johnson Local registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1939, at 8 15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw ____ alive on ____ 19__.

	DURATION
Immediate cause of death Hemorrhage	20 mins
Due to Laceration of Right Femoral artery	Inst.
Due to Automobile accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6/22/39

Where did injury occur? Snow Hill (City or town) Worcester (County) Md. (State)

Injured at home, farm, industry, public place (where?) auto Highway

Means of Injury Fell out of ice truck - laceration Femoral artery Injured at work? Yes

23. SIGNATURE J.A. Rademaker M.D.
Deputy medical Examiner M.D. or other

Address State of Md. Wicomico County Salisbury, Md

Date signed 6-22-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06339

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95-B)

County Wicomico Registration Dist. No. 330

Village or City Mardela Springs No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whera death occurrad 2 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Rev. Thomas S. Barrett If U. S. Veteran, specify WAR

(a) Residence: No. Mardela Springs Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Ness

6. DATE OF BIRTH (month, day, and year) Mar. 9 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired 5 mos.

10. Date daceasad last workad at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Wm Barrett

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Lyetta Pookes

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Mrs Emma Barrett (Address) Mardela Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mardela Springs Date 6/16/39 19

19. UNDERTAKER Mrs C. Messick & Sons (Address) Hebron Md.

20. FILED 6/16/39, 19 W. A. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to June 14, 1939

I last saw him alive on June 13, 1939; death is said to have occurred on the date stated above, at 1:15 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	
+ Cardiac Asthma	
Other **Contributory Causes** of importance:	
Age	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred C. Jones M. D.

(Address) Mardela Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06340

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF (48)

County Wicomico Registration Dist. No. 333

Village or City Salisbury Hospital No. Salisbury St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Bishop If U. S. Veteran, specify WAR 70

(a) Residence: No. Bloxiron near Snow Hill Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E Bishop

6. DATE OF BIRTH (month, day, and year)

7. AGE Years: about 45 Months Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sam Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Holland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Wm. E. Bishop Bloxiron, Md

18. BURIAL, CREMATION, OR REMOVAL Place Coolspring Date June 5, 1939

19. UNDERTAKER (Address) Hearne & Dennis Snow Hill, Md.

20. FILED 6/3, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) - 3 (Day) - 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 5-26-, 1939, to 6-3-, 1939

I last saw her alive on 6-3-, 1939; death is said to have occurred on the date stated above, at 9:55 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus (inoperable)	

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Chas. F. Fisher M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06341

Reg. Dist. No. 11 336

1. PLACE OF DEATH:
County Wicomico
City or town Rural Delmar, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Delmar, Del Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. North 2nd Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Frederick Bradley
3. (b) Social Security Number 213-18-5188

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband~~ or wife Mary Bradley
6(c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) Aug, 23, 1880
8. AGE: Years 58 Months 10 Days 3 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Wm Bradley
13. Birthplace Maryland
MOTHER 14. Maiden name Unknown
15. Birthplace unknown
16. Informant Mrs Mary Bradley
Address Delmar, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-27-39 (month) (day) (year)
Cemetery or crematory M. P. Cem.
Location Delmar, Del
18. Funeral director Will S. Marvel
Address Delmar, Del.
19. 6-27- 1939 (Date rec'd by registrar) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1939, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Crushed chest with intrapleural hemorrhage
Due to auto accident
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION June 26, 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of June 26, 1939
Where did injury occur? near salisbury (City or town) wicomico (County) md (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury Run over by truck Injured at work? no

23. SIGNATURE L A Radenhuer M D Deputy med Examiner State of Maryland Wicomico Co.
M. D. or other
Address Salisbury Md Date signed 6-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

06342

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 1
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Lee Brittingham

3. (b) Social Security Number

4. Sex Female | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1925

8. AGE: Years 14 | Months 1 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace R.F.D. Delmar Del.
(Town, county, and state)

10. Usual occupation School girl

11. Industry or business

FATHER
12. Name Harry Brittingham
13. Birthplace R.F.D. Delmar Del.

MOTHER
14. Maiden name Mattie Timmons
15. Birthplace Pittsville Md.

16. Informant Marion Parker
Address R.F.D. #3 Salisbury Md.

17. Buried June 25-39
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Melson Cemetery
Location R.F.D. Delmar Md.

18. Funeral director Holloway & Walter R. Holloway
Address Salisbury Md.

19. 6/24/39 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1939, 1200 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1939, to June 24 1939, and that I last saw h-e-r alive on June 24 1939.

	DURATION
Immediate cause of death Diabetic Coma	1 day
Due to Acute Nephritis	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE L. A. Rademaker M. D.
M. D. or other
Address 112 main st Salisbury, Md
Date signed 6/24/39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

06343

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury R.F.D. No 3
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. No 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? a. a. years

3 (a) **FULL NAME** Joseph H Brown

3 (b) If veteran, name war: no
3 (c) Social Security No.: no

4. Sex: male
5. Color or race: a. a.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: no
6. (c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.) Mar 14 - 1939

8. AGE: Years | Months: 3 | Days: 5 | If less than one day: ____hr. ____min.

9. Birthplace Salisbury md
(Town, county, and state)
10. Usual occupation no
11. Industry or business no

FATHER
12. Name Webster Neal
13. Birthplace Salisbury md

MOTHER
14. Maiden Name Letta Brown
15. Birthplace South Carolina

16 (a) Informant Delsie Brown
(b) Address Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1939 (month) (day) (year)
(c) Cemetery or crematory Public Cemetery
Location Salisbury Md

18 (a) Funeral director James H. Stewart
(b) Address Salisbury Md

19 (a) 6/21/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death June 20 1939, at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to 6/20 1939, and that I last saw him alive on 6/20 1939.

	Duration
Immediate cause of death: Bronchial Pneumonia	10 days
Due to: Malnutrition	2 Years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles M Brown M.D.
M. D. or other
Address Salisbury Md Date signed 6/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06344

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Del. County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Collins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	4 mo. Fetus Stillborn		hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Collins

13. Birthplace Del.

MOTHER 14. Maiden name Georgia Dorsey

15. Birthplace Del.

16. Informant Georgia Collins

Address Gumboro, Del.

17. (Burial, cremation, or removal. Which?) Date thereof 6/17/39 (month) (day) (year)

Cemetery or crematory P. H. Hospital

Location Salisbury, Md.

18. Funeral director (acting) Supt. P. H. Hospital

Address Salisbury, Md.

19. 6/17, 1939 (Date rec'd by registrar) Lardie E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16-1939 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death — DURATION

Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Hall M. D. or other

Address Salisbury, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

016345

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 hours.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Bishopville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME GEORGE EDWARD DAVIDSON.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widower.

6 (b) Name of husband or wife Unmarried

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) AUGUST. 30, 1902.

8. AGE:

Years	Months	Days	If less than one day
36	10	0	____ hrs. ____ min.

9. Birthplace Bishopville, Md (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER

12. Name Edward B. Davidson.

13. Birthplace Showell, Md.

MOTHER

14. Maiden name Mary E. Latchum

15. Birthplace Bishopville Md.

16. Informant Mrs. Mary E. Latchum Davidson

Address Bishopville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2 1939. (month) (day) (year)

Cemetery or crematory Redmen's Cem.

Location Selbyville, Del.

18. Funeral director M. Pasha Watson

Address Selbyville Del

19. 6 / 30 / 1939 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1939, at 12 NM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-30- 1939, to 6-30 1939, and that I last saw him alive on 6-30 1939.

	DURATION
Immediate cause of death Shy heart Leg Necrosis	Unk
Due to Primary cause: Unknown.	Duration: Unknown.
Due to If due to injury: Unknown. C.W.S.R. & no more obtainable.	
Other conditions ←	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? ↙ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ←

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 6/30/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

06346

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: Wicomico
County
City or town Willards
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 41 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Willards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ebenezer Gorman Davis

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louise R Davis
6(c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.): June 8. 1898

8. AGE: Years 41 | Months | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace: Willards Md. (Town, county, and state)
10. Usual occupation: Cashier at Willards
11. Industry or business: Farmers Bank

FATHER
12. Name: Ebenezer G. Davis
13. Birthplace: Willards Md

MOTHER
14. Maiden name: Ella Baker
15. Birthplace: Willards Md

16. Informant: Mrs. Louise R. Davis
Address: Willards Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 27-1939 (month) (day) (year)
Cemetery or crematory: Willards M.E. Cem.
Location: Willards Md

18. Funeral director: Holloway + Co.
Address: Walter R. Holloway Salisbury Md

19. June. 27, 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1939, at 4.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1934, to date of death 1939, and that I last saw him alive on June 25 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 36 hrs.
Due to essential hypertension and arteriosclerosis — 5 yrs.
Due to (no other pathology found)
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank R. Lewis M.D. M. D. or other
Address Willards Md Date signed 6-26-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

06347

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico
City or town Pittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R-F.D. #1.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clifford Albert Donaway

3. (b) Social Security Number 218-03-0398

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 31 1913

8. AGE: Years 25 Months 9 Days 28 If less than one day hrs. min.

9. Birthplace Whaleyville Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business P.W.A.
FATHER 12. Name Albert S. Donaway
13. Birthplace Whaleyville Md.
MOTHER 14. Maiden name Gertrude Powell
15. Birthplace Berlin Md.
16. Informant Mrs Gertrude Donaway
Address R.F.D. #1. Pittsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30-1939 (month) (day) (year)
Cemetery or crematory Riverside Cem.
Location Near Liberty Town Md.
18. Funeral director Holloway & Co.
Address Walter R. Holloway Salisbury Md.
19. June 30, 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1939, at 8:20 P.M.
21. I CERTIFY that death occurred on the date above stated that I attended deceased from March 22 1939, to June 28 1939, and that I last saw him alive on June 28 1939.
Immediate cause of death Pulmonary T.B.
DURATION March 1939
Due to
Due to
Other conditions Epilepsy June 1939
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown M.D.
M. D. or other
Address Salisbury Md. Date signed 6/29/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 333

06348

CERTIFICATE OF DEATH

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Wicomico

(c) City or town Quantico (If outside city or town limits, write RURAL and give town)

(d) Street No. 7 (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary E. Downs

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Elijah R. Downs

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1857

8. AGE: Years	Months	Days	If less than one day
81	8	9	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Charles Nobbitt

FATHER 13. Birthplace md

MOTHER 14. Maiden Name Lucinda Sears

MOTHER 15. Birthplace md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 '39 (month) (day) (year)

(c) Cemetery or crematory Ellicott Cemetery

Location Near Delmar, Md.

18 (a) Funeral director W. Burbage

(b) Address Parkin, md

19 (a) 6/6/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 6-4-1939, at 12 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1939, to June 4 1939, and that I last saw him alive on June 4, 1939

Immediate cause of death	Duration
Chronic myocardial insufficiency	
Due to Senility	
Herpes Zoster opthalmicus	2 months
Due to	
Other conditions Infection scalp (from herpes.)	6 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Arthur, M. D. M. D. or other

Address Salisbury, Md. Date signed 6/7/39

RECEIVED
JUL 5 1939
BUREAU V. S.

06349

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

WITHIN CORPORATE LIMITS

122-C

County Wicomico Registration Dist. No. 333

Village or City Salisbury P.G. Hospital No. Salisbury St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Duffield If U. S. Veteran, specify WAR No

(a) Residence: No. Snow Hill Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Priscilla Duffield

6. DATE OF BIRTH (month, day, and year) Nov. 11 – 1869

7. AGE Years 69 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sanders Duffield

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

MOTHER

15. MAIDEN NAME Lizzie Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ida M. Harmon (Address) Salisbury Md Route 4

18. BURIAL, CREMATION, OR REMOVAL Place Snow Hill Md Date June 12, 1939

19. UNDERTAKER Hearne & Dennis (Address) Snow Hill Md

20. FILED 6/10, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 4, 1935, to June 9, 1935

I last saw him alive on June 9, 1935; death is said to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	[illegible]
not due to cancer. CWSR	
Primary cause: Volvulus.	
Duration: One week.	

Other Contributory Causes of Importance:

Acute Peritonitis

Name of operation Aldrey Date of 6/8/35

What test confirmed diagnosis? Operation Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? NC Date of injury ....., 19....

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JUL 5 1939
BUREAU OF V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93C)

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH: Wicomico

County

City or town Mardela

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Mardela Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Zenolia Ellen Elzey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Lewis C. Elzey

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): May 5. 1865

8. AGE: Years 74 | Months 1 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace: Quantico Md. (Town, county, and state)

10. Usual occupation: Home wife.

11. Industry or business: at Home

FATHER
12. Name: Thomas J. Pollitt
13. Birthplace: Quantico Md.

MOTHER
14. Maiden name: Amelia Byrd
15. Birthplace: Quantico Md.

16. Informant: Wm Paul Elzey

Address: 1525 Lockwood Road Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 24-39 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cemetery

Location: Laurel Delaware

19. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 6/23/39 (Date rec'd by registrar) 19 W.H. Robertson Registrar

MEDICAL CERTIFICATION about

20. DATE OF DEATH June 22nd 1939, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to June 22 1939, and that I last saw her alive on June 15 1937.

Immediate cause of death: Chronic myocarditis

DURATION: 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L. J. Radmaker M.D. M. D. or other

Address: Salisbury Md Date signed 6/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
JUL 6 1939
HAWAII V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

06351

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico Wetipquin Md
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Wetipquin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George M. Furbush

3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Furbush
6(c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.): June 14 1870

8. AGE: Years 69 | Months | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Wetipquin (Town, county, and state)
10. Usual occupation Operated pleasure resort
11. Industry or business Own Resort

FATHER
12. Name Sandy Furbush
13. Birthplace Wetipquin, Md.

MOTHER
14. Maiden name Gordella Mister
15. Birthplace Toddsville, Md.

16. Informant Clarence Furbush
Address Bivalve Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 27 1939 (month) (day) (year)
Cemetery or crematory M E Church Cem.
Location Wetipquin Md.

18. Funeral director Mrs. L. Messick & Sons
Address Bivalve, Md.

19. 6/27 1939 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1939, at 7-30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1939, to June 25 1939, and that I last saw him alive on June 24 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 3 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Brunner M. D. or other
Address Salisbury Md Date signed June 27

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

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JUL 6 1939
BUREAU V. S.

(M)

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 333

06352

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Fruitland Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Fruitland Md (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Emma J Gale

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race a a

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife William R Gale

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) 1842

8. AGE: Years 93. Months — Days — If less than one day ____ hr. ____ min.

9. Birthplace Princess Anne Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name John Haymon
13. Birthplace Princess Anne Md

MOTHER
14. Maiden Name Jane Robinson
15. Birthplace Princess Anne Md

16 (a) Informant Mrs Cecily Sarden
(b) Address Fruitland Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 39 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Fruitland Md

18 (a) Funeral director James F Stewart
(b) Address Salisbury Md

19 (a) 6/22/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death June 17 1939, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1939, to June 17 1939, and that I last saw him alive on June 17 1939

Immediate cause of death	Duration
Cardiac Thrombosis	1939
Due to Chr. Int. Nephritis	1939
Due to Arteriosclerosis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. J. Daisy M.D. M.D. or other

Address Salisbury. Date signed 6/26/39

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BUREAU V. S.

06353

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH:

County Wicomico

City or town Quantico
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 73 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Quantico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME William Gilliss

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Flora Powell Gilliss

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): May 7, 1866.

8. AGE: Years 73 | Months 1 | Days 3 | If less than one day ✓ hrs. ✓ min.

9. Birthplace Quantico, Wicomico, Md.
(Town, county, and state)

10. Usual occupation Retail Merchant

11. Industry or business Grocery & notions

FATHER
12. Name Columbus Gilliss
13. Birthplace Maryland

MOTHER
14. Maiden name Elanor Twilley
15. Birthplace Maryland

16. Informant Mrs. William Gilliss
Address Maryland

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 6/12/39 (month) (day) (year)

Cemetery or crematory Quantico

Location Quantico, Md.

18. Funeral director The Hill & Johnson Co.
Address Salisbury, Md.

19. 6/12 1939 Mrs J. M. Wallace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1939, at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1939, to June 10 1939 and that I last saw him alive on June 10 1939.

Immediate cause of death: Coronary thrombosis — DURATION: 24 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature]
M. D. or other

Address Salisbury Date signed June 12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (133)

Reg. Dist. No. 3321

06354

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town near Willards
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 6 month

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Nr. Willards
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Gordey

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Will Gordy

6. (c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Aug 29th 1874

8. AGE: Years 65 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Wicomico Co.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business none

FATHER
12. Name Samuel Gordey
13. Birthplace Wicomico Co.

MOTHER
14. Maiden Name Elizabeth Gordy
15. Birthplace Wicomico Co.

16 (a) Informant Gertrude Bolk
(b) Address Willards Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19th 1939 (month) (day) (year)

(c) Cemetery or crematory Glass Hill

Location near Parsonsburg Md.

18 (a) Funeral director Wm. Howard Wells

(b) Address Pittsville Md.

19 (a) June 18, 1939 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death June 17 1939, at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1939, to June 17 1939, and that I last saw her alive on June 16 1939.

Immediate cause of death Nephrosis — Duration Mar 15, 39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frederick S. Nicoll M. D. or other

Address Berlin, Md Date signed 6.17.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 7 1939
BUREAU V. S.

06355

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-C)

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md. No. Lake St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin Gordy If U. S. Veteran, specify WAR .....

(a) Residence: No. Salisbury Md. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gordy

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 70 Months (about) Days If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) — (State or country)

FATHER

13. NAME —

14. BIRTHPLACE (city or town) — (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Mary Woodland (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Date 6/21/39, 19....

19. UNDERTAKER Mrs. C. G. Messick & Sons (Address) Hebron Md.

20. FILED 6/21, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... aliva on ....., 19.....; death is said to hava occurrad on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importance were as follows:

	Date of onset
Chronic myocarditis	4 years.
c̄ sudden death.	

Other Contributary Causes of Importance:

Name of operation None. Date of .....

What tast confirmad diagnosis? ..... Was thera an autopsy? No

23. If daath was due to extarnal causas (VIOLENCE) fill in also the following: No

Accidant, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disaasa or injury in any way relatad to occupation of deceased? .....

If so, specify La Rademaker M.D.

(Signed) Deputy Med. Examiner. State of Maryland M.D.

(Address) Wicomico Co. Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

06356

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) None

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Somerset

(c) City or town Pocomoke City Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Wilbur J. Handy

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sallie J. Handy

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) April 10, 1875

8. AGE: Years 64 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Temperanceville Va. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Isaac Handy
13. Birthplace Accomac County

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant W. G. Lankford
(b) Address Pocomoke City R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 18 (day) 39 (year)
(c) Cemetery or crematory Christ M. E. Cemetery
Location Costen Station, Md.

18 (a) Funeral director John A. Bradshaw
(b) Address Pocomoke City Md.

19 (a) 6/16/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 6-14-1939 at 10:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-1939, to 6-14-1939, and that I last saw him alive on 6-14-1939.

Immediate cause of death Abscess of Lung. Duration several days

Due to Lobar Pneumonia.

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Oleant Fisher M.D. M. D. or other

Address Salisbury Md Date signed 6/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 5 1939
BUREAU V. S.

06357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-9)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Delmar, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Elizabeth St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charlie C. Hastings

3. (b) Social Security Number 716-01-9442

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Sinora May Hastings

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1877

8. AGE: Years 62 Months 4 Days 0 If less than one day hrs. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual occupation Car Inspector

11. Industry or business Pennsylvania Railroad

FATHER
12. Name Caldwell Hastings
13. Birthplace Delaware

MOTHER
14. Maiden name Sarah Elliott
15. Birthplace Delaware

16. Informant Mrs Mildred Shipley
Address Delmar, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-29-39 (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Delmar, Del.

18. Funeral director Will S. Maxwell

Address Delmar, Del.

19. 6/29, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical 19 , to 19 ,
and that I last saw h alive on Examiner 19 .

Immediate cause of death shock - crushed left leg

DURATION 24 hrs

Due to accident

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-26-39

Where did injury occur? Delmar (City or town) Wicomico (County) Md. (State)

Injured at home, farm, industry, public place (where?) R.R. yards.

Means of injury Leg crushed - RR wheel Injured at work? yes

23. SIGNATURE J. A. Rademacher M.D. Deputy med examiner Sc. St. of Md. Wicomico M. D. or other

Address Salisbury, Md. Date signed 6/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

06358

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County: Wicomico

City or town: Nanticoke (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Wicomico

City or town: Nanticoke Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Nanticoke High School (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Norah Elizabeth Heath

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Levin F Heath

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 30 1863

8. AGE: Years: 76 Months: 4 Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Tyaskin Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: Robert Horsman
13. Birthplace: Tyaskin Md

MOTHER
14. Maiden name: Elizabeth Street
15. Birthplace: Ballara, Md.

16. Informant: Russel Heath

Address: Nanticoke, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 25 1939 (month) (day) (year)

Cemetery or crematory: Turner Cem.

Location: Nanticoke Md

18. Funeral director: Mrs L E Messick & Sons

Address: Bivalve Md

19. 6/24/39 (Date rec'd by registrar) 19 R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1939, at 12 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1938, to 6-19 1939, and that I last saw her alive on 6-19 1939.

Immediate cause of death: Arteriosclerosis — DURATION: several yrs.

Due to

~~Due to~~ Hypertension cardio-vascular disease — several years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A W Kiss, M.D. M. D. or other

Address: Salisbury Date signed: 6-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 8 1939
BUREAU V. S.

06359

STATE OF MARYLAND—CERTIFICATE OF DEATH

(48)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Powellville Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie M. Henman If U. S. Veteran, specify WAR

(a) Residence: No. Powellville Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): March 6, 1901

7. AGE: Years 38 Months 3 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Nurse

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William T. Henman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary M. Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mary M. Henman Powellville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Powellville Md Date June 12, 1939

19. UNDERTAKER (Address) J. W. Burtage Berlin Md

20. FILED June 12, 1939 Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 1937, to June 10, 1939

I last saw her alive on June 10, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Metastasis of Diagnosis and Liver	Jan 1937

Other Contributory Causes of Importance:

Right very renewed & tube	March 1937
Hysterectomy	Sept 1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles N. Brown M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06360

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico Co
County
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital, or institution): R.F.D. # 3
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Wicomico Co
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. 3 (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grace Maria Hobbs

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Hobbs
6 (c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.): Jan 4. 1884
8. AGE: Years: 55 Months: 5 Days: 10 If less than one day: hrs. min.
9. Birthplace: Wilkinson Pa. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: Lewis Price
FATHER 13. Birthplace: Barrett Township Pa.
MOTHER 14. Maiden name: Rachel Price (Price)
MOTHER 15. Birthplace: Barrett Township Pa.
16. Informant: Harry Hobbs
Address: R.F.D. #3 Salisbury Md.
17. Burial (Burial, cremation, or removal) Which?) Date thereof (month) June (day) 16 (year) 39
Cemetery or crematory: Parsonsburg Cemetery
Location: Parsonsburg Md.
18. Funeral director: Holloway & Co.
Address: Walter K. Holloway Salisbury Md.
19. 6/16, 39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1939, at 5 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1937, to June 14 1939, and that I last saw h[illegible] alive on June 10 1939

	DURATION
Immediate cause of death: Cerebral Hemorrhage	3 weeks
Due to: Hypertension	5 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hume R Mann M. D. or other
Address Salisbury Md Date signed 6/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1939
BUREAU V. S.

06361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico.

City or town Salisbury, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen. Genl. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Holbrook

3. (b) Social Security Number

4. Sex: male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1939

8. AGE: Years | Months | Days | If less than one day

Stillborn hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Quanton Jackson
13. Birthplace

MOTHER
14. Maiden name Thelma Holbrook
15. Birthplace Md.

16. Informant Thelma Holbrook

Address Rose St, Salisbury Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 20, 1939
(month) (day) (year)

Cemetery or crematory Salisbury Md. Jatters Field

Location

18. Funeral director Mrs E C Messick Gaines

Address D. K. Messick, partner Hebron, Md.

19. 6/20, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1939, at 4 55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Stillborn

Due to Syphilis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION
6-18-39
?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L A Rademaker MD
M. D. or other

Address Salisbury, Md Date signed 6/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (942)

Reg. Dist. No. 333 — 06362

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in this community (yrs., mos., or days) no

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Salisbury R.F.D. No 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? a. a. years

3 (a) **FULL NAME** Irving H. Holland

3 (b) If veteran, name war no
3 (c) Social Security No. no

4. Sex: male
5. Color or race: a. a
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife
6. (c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept 15 1865

8. **AGE:** Years: 73 | Months: 8 | Days: 18 | If less than one day: ____hr. ____min.

9. Birthplace Stockton md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business no

FATHER
12. Name Rolford Holland
13. Birthplace Stockton md

MOTHER
14. Maiden Name Emeline Taylor
15. Birthplace Stockton md

16 (a) Informant Mrs Bertha Bell
(b) Address Salisbury md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury md

18 (a) Funeral director Jos H. Stewart
(b) Address Salisbury md

19 (a) 6/7/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death June 3 1939, at 8 — a. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____19____, to ____19____, and that I last saw him alive on ____19____.

Immediate cause of death: Coronary occlusion — Duration: 8-3-39
Due to: ____
Due to: ____
Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature LaRabenaber M.D. Deputy Dist Examiner (M. D. or other)
Address Wicomico Co Salisbury Md. Date signed 6/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JUL 5 1939
BUREAU V. S.

06363

STATE OF MARYLAND—CERTIFICATE OF DEATH

93C

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Bivalve No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Hiram Horsman

(a) Residence: No. Bivalve Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Horsman

6. DATE OF BIRTH (month, day, and year) April 25 1855

7. AGE Years 84 Months 2 Days 2 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bivalve Md

FATHER

13. NAME John Horsman

14. BIRTHPLACE (city or town) (State or country) Bivalve Md

MOTHER

15. MAIDEN NAME Julia Anne Jarrett

16. BIRTHPLACE (city or town) (State or country) Bivalve Md

17. INFORMANT (Address) Mrs Pearl Larmore Bivalve Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bivalve Md Date June 29, 1939

19. UNDERTAKER (Address) Mrs W Missing + Sons Bivalve Md

20. FILED 6/28, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 27th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1938, to June 27th, 1939

I last saw him alive on June 25th, 1939; death is said to have occurred on the date stated above, at 7:30 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Arteriosclerosis	

Other **Contributory Causes** of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) William Emrich M. D.

(Address) Hebron - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 6 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06364

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M) (S)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospt
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Beauchamp street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Still Born Baby Hughes

3. (b) Social Security Number

4. Sex: M.
5. Color or race: White
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 8, 1939

8. AGE: Years: Still Born Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: P.G. Hospt. Salisbury Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Louis Ross Hughes
13. Birthplace: Hebron Md.

MOTHER
14. Maiden name: Nettie Adams
15. Birthplace: Salisbury Md.

16. Informant: Louis R. Hughes
Address: Salisbury Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 8, 1939 (month) (day) (year)
Cemetery or crematory: Parsons Cem.
Location: Salisbury Md.

18. Funeral director: Holloway & Co. Walter R. Holloway
Address: Salisbury Md.

19. 6/8, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8th 1939, at 1:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: A. W. Kerr, M.D.
M. D. or other
Address: Salisbury, Maryland Date signed: 6-8-39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06365

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: John D. Parsons Home for the Aged
Stay in hospital or inst. (yrs., or mos., or days) 2yrs, 2mos, 22 days.
Stay in this community (yrs., or mos., or days) 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Lemon Hill
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sallie C. Duston

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Duston

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1864

8. AGE:

Years	Months	Days	If less than one day
75	4	19	— hrs. — min.

9. Birthplace Caroline County (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name James R. O'Day
13. Birthplace Caroline Co.
MOTHER 14. Maiden name Sarah Charles
15. Birthplace Caroline Co
16. Informant Supt. John B. Parsons Home
Address Salisbury, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1939 (month) (day) (year)
Cemetery or crematory Odd Fellows Cemetery
Location Seaford, Delaware
18. Funeral director The Hill and Johnson Co.
Address E. Main at Davis, Salisbury, Md.
19. 6/16, 1939 (Date rec'd by registrar) Harriet E. Johnson (Registrar) Local

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1939, at 2:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1939, to June 14, 1939, and that I last saw h[illegible] alive on June 12, 1939.

Immediate cause of death Chronic myocarditis — CURATION 2.
Due to —
Due to —
Other conditions Diabetis Mellitus — 2.

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of Injury — Injured at work?

23. SIGNATURE W. R. Turner M. D. or other
Address Salisbury, Md. Date signed June 15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (47-B)

Reg. Dist. No. 333

06366

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: John B. Parsons Home for the Aged

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/30/38

(e) Length of stay in this community (yrs., mos., or days) 3/30/38

2. HOME (USUAL RESIDENCE) OF DECEASED: Same

(a) State Md. (b) County Wicomico

(c) City or town Pocomoke Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Pocomoke
(If rural give location)

(e) If foreign born, how long in U. S. A.? ← years

3 (a) **FULL NAME** Sadie V. Jones

3 (b) If veteran, name war ←

3 (c) Social Security No. ←

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James M. Jones

6. (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1875

8. AGE: Years	Months	Days	If less than one day
64	4	19	____hr. ____min.

9. Birthplace Marion Station, Somerset Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Thomas H. Long
13. Birthplace Marion Station, Md.

MOTHER
14. Maiden Name Louise L. White
15. Birthplace Marion Station, Md.

16 (a) Informant Supt. John B. Parsons Home
(b) Address Salisbury, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Paul's Cemetery
Location Marion Station, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address E. Main St. at Division, Salisbury

19 (a) 6/14/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death June 12, 1939, at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 12 1939, to June 12 1939, and that I last saw him alive on June 12 1939.

Immediate cause of death	Duration
Cardiac Thrombosis	1939
Due to	
Due to Pneumonia & Pleurisy	1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. O. Davis, M.D. (M. D. or other)

Address Salisbury. Date signed 6/13/39.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (160-a)

Reg. Dist. No. 333

06367

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Worcester

(c) City or town Pocomoke
(If outside city or town limits, write RURAL and give town)

(d) Street No. 106 Laurel
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Keim

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 12, 1939

8. AGE: Years | Months | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name W. F. Keim
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Addie Hayes
15. Birthplace Henderson, N. C.

16 (a) Informant William Keim
(b) Address Pocomoke City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/39 (month) (day) (year)

(c) Cemetery or crematory Pres. Cem.
Location Pocomoke City Md.

18 (a) Funeral director Margarette H. Dawson
(b) Address Pocomoke City Md

19 (a) 6/15/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 6-15- 1939, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12- 1939, to 6-15- 1939, and that I last saw him alive on 6-15- 1939.

Immediate cause of death Premature Baby

Due to Caesarean Section on account of Placenta Previa

Due to About 7 mos pregnancy.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 6/12/39

PHYSICIAN

Underline the causes to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hunter R Mann
M. D. or other

Address Salisbury Md Date signed 6/15/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06368

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 303 South Division

Stay in hospital or inst. (yrs., or mos., or days): V

Stay in this community (yrs., or mos., or days): 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 303 South Division (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Killian L. Livingston

3. (b) Social Security Number: V

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary V. Livingston

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1872.

8. AGE: Years: 66 | Months: 8 | Days: 27 | If less than one day: ____ hrs. ____ min.

9. Birthplace: W. Salisbury, Wicomico, Md. (Town, county, and state)

10. Usual occupation: Retired Baker

11. Industry or business: V

FATHER — 12. Name: Peter Livingston

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Louisa St. Digna

MOTHER — 15. Birthplace: Maryland

16. Informant: Joseph N. Livingston,

Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/9/39 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: E. Hill & Sons Co.,

Address: Salisbury, Md.

19. 6/9, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7, 1939, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Found dead on arrival, 19____, and that I last saw h____ alive on ____, 19____.

Immediate cause of death: Myocarditis Chronic — DURATION: 4 yrs.

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Wilkins, M.D. (M. D. or other)

Address: Salisbury, Md. Date signed 6-9-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

06369

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 401 E Locust st

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No. 13

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 401 E Locust

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thelma Mae Mariner. Mariner

3. (b) Social Security Number

4. Sex Fr.

5. Color or race W.

6. (a) Single, married, widowed, or divorced S. Baby.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22d 1939

8. AGE: Years Months Days If less than one day 17 hrs. 55 min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation (Infant).

11. Industry or business

FATHER 12. Name Harvey Welden Mariner Jr.

13. Birthplace Eden, Md.

MOTHER 14. Maiden name Alice Irene Dorsey.

15. Birthplace Salisbury Md.

16. Informant Harvey Welden Mariner (father).

Address 401 E Locust st.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 23-39 (month) (day) (year)

Cemetery or crematory Allen Cemetery

Location Allen Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 6/23, 1939 Harriet E. Johnson Social Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22d 1939, at 12 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/22 1939, to 6/22 1939, and that I last saw her alive on 6/22 1939.

Immediate cause of death Premature Infant (6 mos) — DURATION

Due to Abruptio Placentae — 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Chas. T. Fisher M.D. M. D. or other

Address Salisbury, Md Date signed 6/22, 39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

06370

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #1.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. 1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Blanche Smith Marshall

3. (b) Social Security Number 214-10-6101

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Samuel B. Marshall Jr.
6(c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.) Aug. 11. 1905
8. AGE: Years 33 Months 10 Days 0 If less than one day ___ hrs. ___ min.
9. Birthplace Laurel Delaware (Town, county, and state)
10. Usual occupation Operator & House wife
11. Industry or business Shirt Factory at Home
FATHER 12. Name Lorenza H. Smith
13. Birthplace Pittsville Md.
MOTHER 14. Maiden name Mollie Records
15. Birthplace Millstone Delaware
16. Informant Samuel B. Marshall Jr.
Address R.F.D. #1. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13. 1939 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/13, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1939, at 7:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her alive on 6-10 1939.
Immediate cause of death Carcinomatosis
Due to Carcinoma breast
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma rt. breast
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Phil A. Insley M. D. or other
Address Salisbury Md. Date signed 6-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

06371

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #4.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 34 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. #4.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence M. Mitchell

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lloyd W. Mitchell
6(c) If alive, give age: 35 years
7. Birth date of deceased (mo., day, yr.): Aug. 31. 1904

8. AGE: Years: 34 Months: 9 Days: 5 If less than one day: hrs. min.

9. Birthplace: R.F.D. #4 Salisbury Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home

FATHER
12. Name: Ernest Dennis
13. Birthplace: Wango Maryland

MOTHER
14. Maiden name: Mary Jones
15. Birthplace: Wango Md.

16. Informant: Lloyd W. Mitchell
Address: R.F.D. #4. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 7. 1939 (month) (day) (year)
Cemetery or crematory: Wango. Cemetery
Location: Wango Md.

18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md.

19. 6/7, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5th 1939, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Cerebral Embolism — DURATION: 2 days
Due to: Chronic nephritis — 2 years
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L A Rademaker M.D. Deputy Medical Examiner Wicomico Co. Salisbury Md. M.D. or other
Address: Date signed: 6/6/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06372

CERTIFICATE OF DEATH (183)

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. / Shoemaker Lake
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs 11 mo 3 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #1.
(If rural give LOCATION)
2(a) IF DEFENSE, NAME WAR

3. (a) FULL NAME Lester Ernest Morris

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 7. 1925
8. AGE: Years 13 Months 11 Days 3 If less than one day ____ hrs. ____ min.
9. Birthplace Md. (Town, county, and state)
10. Usual occupation School Boy.
11. Industry or business
FATHER
12. Name R. Stanley Morris
13. Birthplace R.F.D. #1. Salisbury Md
MOTHER
14. Maiden name Minnie F. Gordy
15. Birthplace R.F.D. #4 Salisbury Md
16. Informant R Stanley Morris
Address R.F.D. #1. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 12-39 (month) (day) (year)
Cemetery or crematory Wango Cem.
Location Wango Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 6/12/39 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1939, at 6 p. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Death by accidental Drowning
Due to: There was no boat involved. C.W.&R.
Due to: Deceased stepped in hole, in bottom, over head in depth.
Other conditions: Place: Shumaker's Pond.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION: June 10, 1939

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of June 10, 1939
Where did injury occur? Salisbury (City or town) Wicomico (County) Md. (State)
Injured at home, farm, industry, public place (where?) Pond (shoemaker's)
Means of injury Drowning. Injured at work? No
23. SIGNATURE J. LaRademaker M.D. Deputy medical Examiner state of Maryland — M. D. or other
Address County Wicomico. Salisbury, Md Date signed June 10, 1939

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

06373

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico Co.
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. #3
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wico.
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Vesta Elizabeth Moore Parker

3. (b) Social Security Number: 214-10-6316

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: H. Garfield Parker
6(c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): Jan. 16. 1890
8. AGE: Years: 49 Months: 5. Days: 13 If less than one day: hrs. min.
9. Birthplace: Pittsville Md. (Town, county, and state)
10. Usual occupation: Trimmer at
11. Industry or business: Shirt Factory
FATHER 12. Name: Stephen Wm Moore
FATHER 13. Birthplace: Pittsville Md.
MOTHER 14. Maiden name: Nancy E. Hamblin
MOTHER 15. Birthplace: Pittsville Md.
18. Informant: H. Garfield Parker
Address: R.F.D. #3 Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2-39 (month) (day) (year)
Cemetery or crematory: Mango Cem.
Location: Mango Md.
18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury Md
19. 6/30 1939 Gabriel E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29th 1939, at 6 P.M.
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 1 1939 to June 29 1939 and that I last saw h-a-live on June 29 1939.
Immediate cause of death: Pulmonary T.B. — DURATION: 1939 Jan
Due to: — 1930
Due to:
Other conditions: Mitral Stenosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles M Brown M.D. M. D. or other
Address: Salisbury Md. Date signed: 6/29/39

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06374

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (121)

County Wicomico Registration Dist. No. 333

Village or City Salisbury P. G. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Basil Pinder

(a) Residence: No. Lake St. Salisbury Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Gaskill

6. DATE OF BIRTH (month, day, end year): Feb. 16, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 4/39

11. Total time (years) spent in this occupation: 5yrs.

12. BIRTHPLACE (city or town) (State or country): Salisbury Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unk.

17. INFORMANT (Address): Sarah J. Pinder Lake St. Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Parlock Md. Date: 6/13/39, 19...

19. UNDERTAKER (Address): Mrs. C. G. Messick & Sons Salisbury Md.

20. FILED 6/13, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 9, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 39, 1939, to June 9, 1939

I last saw h... alive on June 9, 1939; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
General Peritonitis	May 26, 1939
Other Contributory Causes of Importance: acute appendicitis	May 23, 1939

Name of operation appendectomy Date of May 31, 1939

What test confirmed diegnosis? operation Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. H. Rademaker M. D.

(Address) 112 W. Main St. Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11G875

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 740 Camden Ave
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 740 Camden Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Emma H. Parnell

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: ✓
6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1860.

8. AGE:

Years	Months	Days	If less than one day
78	8	6	✓ hrs. ✓ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: Thomas H. Parnell
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ellen Whittington
15. Birthplace: Maryland

16. Informant: Mrs. A. J. Vanderbogart
Address: Salisbury, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/27/39. (month) (day) (year)

Cemetery or crematory: Parsons
Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 6/27, 1939. Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25, 1939, at 3 P.M.

21, I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933, to June 25 1939, and that I last saw h alive on June 25 1939.

Immediate cause of death: Pneumonia Lobar — DURATION: 36 hrs.

Due to: ✓

Due to: ✓

Other conditions: Infected Gall Bladder — 6 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Lewis R Mann M. D. or other

Address: Salisbury Date signed 6/26/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

06376

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: John B. Parsons Home, Fruitland Rd

Stay in hospital or inst. (yrs., or mos., or days) 13yrs. 7mos. 1day

Stay in this community (yrs., or mos., or days) 13yrs. 7mos. 1day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Lemon Hill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ←

3. (a) FULL NAME Naomia L. Pusey

3. (b) Social Security Number ←

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel Pusey ←

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 24 1866

8. AGE: Years	Months	Days	If less than one day
73	1	22	___ hrs. ___ min.

9. Birthplace Near Princess Anne, Somerset Co. Md.
(Town, county, and state)

10. Usual occupation House Keeper

11. Industry or business Do None

FATHER 12. Name Thomas J. Wayman

FATHER 13. Birthplace Near Princess Ann, Maryland

MOTHER 14. Maiden name Margaret Wayman

MOTHER 15. Birthplace Near Princess Ann, Md.

16. Informant Supt John B Parsons Home.

Address Salisbury, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1939 (month) (day) (year)

Cemetery or crematory Friendship Cemetery

Location Near Princess Anne, Md.

18. Funeral director The Bell & Johnson Co.

Address Cor Main at Dock St. Salisbury Md

19. 6 20 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1939, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1933, to June 16 1939, and that I last saw her alive on June 15 1939.

Immediate cause of death	DURATION
Tubular Heart Disease	Unknown
Chronic Nephritis	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Grace R Mann M. D. or other

Address Salisbury Md Date signed 6/20/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06377

(8)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Willards Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Savage

(a) Residence: No. Willards Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 10, 1939

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

Still born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Willards Md

FATHER

13. NAME Harrison Magee

14. BIRTHPLACE (city or town) (State or country) Frankford Del.

MOTHER

15. MAIDEN NAME Madalene Savage

16. BIRTHPLACE (city or town) (State or country) Selbyville Del.

17. INFORMANT (Address) Hattie McCabe Willards Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ewn cemetery Selbyville Del (Savage cemetery) June 10, 1939

19. UNDERTAKER (Address) Allie Savage (acting) Selbyville, Del.

20. FILED June 10, 1939 Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, to , 19

I last saw her alive on , 19 ; death is said to have occurred on the date stated above, at 6:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Intrauterine asphyxiation

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank R. Lewis M. D.

(Address) Willards Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 7 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (173) Reg. Dist. No. 333

06378

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Allen (If outside city or town limits, write RURAL and give town) md

(c) Street address, hospital, or institution: na

(d) Length of stay in hospital or inst. (yrs., mos., or days) na

(e) Length of stay in this community (yrs., mos., or days) na

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State md (b) County Wicomico

(c) City or town Allen (If outside city or town limits, write RURAL and give town) md

(d) Street No. na (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) **FULL NAME** Lee Savage

3 (b) If veteran, name war: Dont Know

3 (c) Social Security No.: Dont Know

4. Sex: male

5. Color or race: a.a.

6 (a) Single, married, widowed, or divorced: Dont Know

6 (b) Name of husband or wife: Dont Know

6. (c) If alive, give age: Dont Know years

7. Birth date of deceased (mo., day, yr.)

8. **AGE:** Years: about 45 | Months: — | Days: — | If less than one day: ____ hr. ____ min.

9. Birthplace: Dont Know (Town, county, and state)

10. Usual occupation: Dont Know

11. Industry or business

FATHER 12. Name: Dont Know

13. Birthplace: Dont Know

MOTHER 14. Maiden Name: Dont Know

15. Birthplace: Dont Know

16 (a) Informant: Marion B. Gandy Sheriff

(b) Address: Wicomico Co Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1939 (month) (day) (year)

(c) Cemetery or crematory: Public

Location: Salisbury md

18 (a) Funeral director: James F. Stewart

(b) Address: Salisbury md

19 (a) 6/28/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death June 25 1939, at 11 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 19___, to ___ 19___, and that I last saw him alive on ___ 19___.

Immediate cause of death: Sunstot wnd of neck. — Duration: Instant

Due to: ___

Due to: ___

Other conditions: ___

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ___

Of autopsy: ___

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence June 25, 1939

(c) Where did injury occur? Allen (City or town) Wicomico (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? on farm (Specify type of place) While at work? No

(e) Means of injury Sunstot wnd

23. Signature: Deputy Medical Examiner for Wicomico Co by authority of State by Marshall P. Freeman, M.D. (Official capacity)

Address Salisbury Date signed June 28, 1939

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06379

(31)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Travers If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jessie Travers

6. DATE OF BIRTH (month, day, and year): May 20 1884

7. AGE: Years 55 Months — Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Quantico Md

FATHER

13. NAME: William Taylor

14. BIRTHPLACE (city or town) (State or country): Quantico Md

MOTHER

15. MAIDEN NAME: Rodella Covington

16. BIRTHPLACE (city or town) (State or country): Jesterville Md

17. INFORMANT (Address): Virginia Travers Nanticoke Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Turner Cem Nanticoke Md Date: June 18, 1939

19. UNDERTAKER (Address): Mrs. C. Messick & Sons Bivalve, Md.

20. FILED 6/17, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to June 16, 1939

I last saw her alive on June 16, 1939; death is said to have occurred on the date stated above, at 6:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Addisons	4 yrs ago
Disease	

Other Contributory Causes of Importance:

Tbc Pyelitis	15 yrs ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. Allen Fields M. D.

(Address) Nanticoke, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JUL 8 1939 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

(23)

CERTIFICATE OF DEATH

06380

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in this community (yrs., mos., or days) 9

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent Co

(c) City or town Millington (Rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Harry Vosdell

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 11, 1917

8. **AGE:** Years 22 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Millington Kent Co, Md.
(Town, county, and state)

10. Usual occupation Farmer

N. Industry or business

FATHER
12. Name James L. Vosdell
13. Birthplace Millington Md.

MOTHER
14. Maiden Name Hanna Hollett
15. Birthplace Millington Md.

16 (a) Informant deceased, on admission
(b) Address

17 (a) Millington (Burial, cremation, or removal) (b) Date thereof June 14, 1939 (month) (day) (year)

(c) Cemetery or crematory Millington
Location Millington Md.

18 (a) Funeral director W. H. Hood
(b) Address Church Hill Md.

19 (a) 6/12/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death June 12, 1939, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/39 19____, to 6/12/39 19____, and that I last saw him alive on 6/11/39 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Paul Cohen M. D. or other

Address Salisbury, Md Date signed 6/12/39

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JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06381

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (121)

County Wicomico Registration Dist. No. 333

Village or City Salisbury Md. No. Peninsula Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Watson

(a) Residence: No. Maddela Spring Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Frances Watson

6. DATE OF BIRTH (month, day, and year): March 18, 1867

7. AGE — Years: 76 — Months: 2 — Days: 26 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Veterinerian

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 6/9/39

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Nanticoke, Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Nanticoke, Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Nanticoke, Md.

17. INFORMANT (Address): Andrew J. Watson Maddela Spgs. Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Maddela Spring Date: 6/16/39, 19...

19. UNDERTAKER (Address): Mrs. C. G. Messick & Sons Hebron, Md.

20. FILED 6/16, 1939 Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1939, to June 13, 1939; that I last saw h... alive on June 13, 1939; death is said to have occurred on tha date stated above, at 11 A m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:

	Date of onset
Bemoral Peritonitis	6-8-39
Other Contributary Causes of importance: Acute appendicitis	6-6-39

Name of operation: appendectomy Date of: 6-8-39

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signad) J. A. Robertson M. D.

(Address) 112 W Main st Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

CERTIFICATE OF DEATH

06382

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 101 East College Ave.,
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 37 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 101 East College Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Douglas Charles Heatherlead

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Helen K. Heatherlead
6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): May 1, 1868

8. AGE:

Years	Months	Days	If less than one day
71	1	28	hrs. min.

9. Birthplace: Petersburg, Ontario, Canada (Town, county, and state)
10. Usual occupation: Retired farmer
11. Industry or business:
FATHER 12. Name: Thomas J. Heatherlead
13. Birthplace: Glasgow, Scotland
MOTHER 14. Maiden name: Helen Dickpatrick
15. Birthplace: Ireland
16. Informant: Mrs. Helen Heatherlead,
Address: Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/1/39 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.
18. Funeral director: The Hill & Phillips Co.,
Address: Salisbury, Md.
19. 6/30/39 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 29th June 39, at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1938, to June 29 1939, and that I last saw h alive on 6-29 1939.

Immediate cause of death	DURATION
Status epilepticus	24 hrs.
Due to Chronic epilepsy	
Due to	
Other conditions Chronic myocarditis	Several years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dick Kitts, M.D.
M. D. or other
Address: Salisbury, Maryland Date signed 6/29/39

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JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06383

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico.
City or town Salisbury, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Geol. Hospital.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Del. County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby West.

3. (b) Social Security Number

4. Sex ✓M
5. Color or race W
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1939

8. AGE: Years | Months | Days | If less than one day
4 mo. fetus Stillborn hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Elwood West.
13. Birthplace Del.

MOTHER
14. Maiden name Mrs. Elwood West
15. Birthplace Del.

16. Informant
Address

17. ~~(Burial,~~ cremation, ~~or removal. Which?)~~ Date thereof 6/17/39 (month) (day) (year)
Cemetery or crematory P. G. Hospital
Location Salisbury, Md.

18. Funeral director (acting) Supt. P. G. Hospital
Address Salisbury, Md.

19. 6/17, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1939, at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h elive on 19

Immediate cause of death Stillborn

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Salisbury, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

06384

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH:

County Tyaskin, Md.

City or town Wicomico County

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Tyaskin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George C. White

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1855

8. AGE: Years 80 Months 91 Days 7 If less than one day hrs. min.

9. Birthplace Tyaskin (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business own Farm

FATHER 12. Name Acey White

13. Birthplace Sommerset County

MOTHER 14. Maiden name Betsy Hashield

15. Birthplace Tyaskin, Md

16. Informant Mr Ashby White

Address Bridgeville Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 2 1939 (month) (day) (year)

Cemetery or crematory St Marys Cem

Location Tyaskin Md

18. Funeral director Mrs C E Messick & Sons

Address Divalve Md

19. 7/1 1939 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 1230 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Off and on 19 for 2 years 19

and that I last saw h alive on 19

Immediate cause of death Last attended 6 mo ago - Probably died acute dilatation of Heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Field M. D. or other

Address Nantucket, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
JUL 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

06385

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M)

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: Wicomico Co

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 211 New York ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico Co

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 211. N.Y. Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nora May White

3. (b) Social Security Number

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Walter W. White

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.): May 13. 1885

8. AGE: Years 54 | Months 1 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace: Parsonsburg Md.
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER
12. Name: George Elisha Parsons
13. Birthplace: Parsonsburg Md.

MOTHER
14. Maiden name: Mariah Adkins
15. Birthplace: R.F.D. Salisbury Md.

16. Informant: Walter W. White

Address: 211. N.Y. ave. Salisbury Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof June 17. 1939
(month) (day) (year)

Cemetery or crematory: Parsonsburg Cem.

Location: Parsonsburg Md.

18. Funeral director: Holloway & Co.

Address: Walter R. Holloway Salisbury Md

19. 6/16, 1939 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1st 1939, to June 14 1939, and that I last saw her alive on June 14 1939.

Immediate cause of death: Cerebral apoplexy — DURATION 5/1/39

Due to: Fracture of skull — 1925

Due to: being struck by automobile

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Charles F. Brown Md
M. D. or other

Address: Salisbury Md — Date signed 6/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
JUL 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06386

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Jesterville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Winder If U. S. Veteran, specify WAR

(a) Residence: No. Jesterville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Melissa Elzey

6. DATE OF BIRTH (month, day, and year) about 70 yrs?

7. AGE Years Months ? Days ? If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jesterville Md

FATHER

13. NAME Wm Winder

14. BIRTHPLACE (city or town) (State or country) Jesterville Md

MOTHER

15. MAIDEN NAME Sarah A. Dashield

16. BIRTHPLACE (city or town) (State or country) Jesterville Md

17. INFORMANT (Address) Henry Winder Jesterville

18. BURIAL, CREMATION, OR REMOVAL

Place Jesterville Md Date June 5, 1939

19. UNDERTAKER (Address) Mrs. C. E. Messick & Sons Bivalve, Md.

20. FILED 6/3, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from May 1, 1939, to June 2, 1939

I last saw him alive on June 1, 1939; death is said to have occurred on the date stated above, at 12 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gumma of Ly.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nanticoke, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution P.G. Hospital

Stay in hospital or insf. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days) X

2. USUAL RESIDENCE (HOME) OF DECEASED: Charles (For newborn infants give residence of mother)

State Md. County ~~Newport~~

City or town Newport Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen Yates

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1907

8. AGE: Years 31 | Months | Days | If less than one day hrs. min.

9. Birthplace Newport Md. (Town, county, and state)

10. Usual occupation Chauffer & House Man

11. Industry or business

FATHER 12. Name Grant Yates

13. Birthplace Wicomico Md. Charles County

MOTHER 14. Maiden name Ida Green

15. Birthplace Wicomico Md. Charles County

16. Informant John Yates

Address 302 R. street N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1939 (month) (day) (year)

Cemetery or crematory St. Mary's Cem.

Location Newport Md.

18. Funeral director Holloway & Co.

Address Walter R. Holloway Salisbury Md.

19. 6/14 1939 Harriet E. Johnson Social Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~6-9~~ June 14 - 1939, at 10 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-9, 1939, to 6-14 1939, and that I last saw him alive on 6-14 - 1939

Immediate cause of death Tyhoid Fever

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION hrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 6/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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